

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033560

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 002

Primary Registration District No. 4009

Registrar's No. 66

FILED OCT 15 1962

1. PLACE OF DEATH

a. COUNTY Andrew

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Savannahc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 102 Willis Ave.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Andrew

c. CITY
OR
TOWN SavannahInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
102 Willis Ave.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Elmer Leo Ritter4. DATE
OF
DEATH Month Day Year
October 6, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-14-1898

9. AGE (last birthday)

64

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

agent

10b. KIND OF BUSINESS OR INDUSTRY

insurance

11. BIRTHPLACE (City and state or country)

Andrew County, Mo.

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Charles F. Ritter

13b. MOTHER'S MAIDEN NAME

Anna Schneider

14. NAME OF HUSBAND OR WIFE

Eva K. Ritter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Eva K. Ritter, Savannah, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH
InstantConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-29-52 to 10-6-62 and last saw him alive on 10-5-62
Death occurred at 6:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Savannah, Missouri

22c. DATE SIGNED

10-9-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

10-8-62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo.

(State)

24. FUNERAL DIRECTOR

BREIT & HAWKINS

ADDRESS

SAVANNAH

25. DATE RECD. BY LOCAL REG.

10-10-62

26. REGISTRAR'S SIGNATURE

William L. Williams

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

5020

20020

3

4 0

5 1

6

7 0

8 2

9/20/1

10

11

12 70-0

13 1-0

OCT 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James P. Hawkins

Licensed Embalmer No. 4531

P. O. Address

Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.